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## APPLICANTS

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**\*\* CONTINUING DATA \*\*\*\*\***

This application is a CON of 09/001,016 12/30/1997 PAT 6,263,233  
 which is a CON of 08/650,684 05/20/1996 PAT 5,788,639  
 and claims benefit of 60/001,141 07/13/1995

*OK***\*\* FOREIGN APPLICATIONS \*\*\*\*\****None*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\* SMALL ENTITY \*\*

**\*\* 08/15/2000**

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR	SHEETS	TOTAL	INDEPENDENT
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	COUNTRY	DRAWING	CLAIMS	CLAIMS
Verified and Acknowledged	NY	2	17	3
Examiner's Signature <i>[Signature]</i> Initials <i>AF</i>				

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## TITLE

Confocal imaging through thick dermal tissue

FILING FEE	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT	<input type="checkbox"/> All Fees
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